

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6720
County		Montgomery
Village or City		Wheaton
2 FULL NAME		
Frances Addams		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	Black	MARRIED
6 DATE OF BIRTH		
Mar. 2, 1867		
(Month) (Day) (Year)		
7 AGE		
46 yrs. 2 mos. 22 ds.		
8 OCCUPATION		
(a) Trade, profession, or particular kind of work... Housewife		
(b) General nature of industry, business, or establishment in which employed (or employer) ...		
9 BIRTHPLACE (State or country)		
Md		
10 NAME OF FATHER		
Geo. Griffin		
11 BIRTHPLACE OF FATHER (State or country)		
Md		
12 MAIDEN NAME OF MOTHER		
Isabella Griffin		
13 BIRTHPLACE OF MOTHER (State or country)		
Md		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) Jno Addams		
(Address) Wheaton		
15		
Filed....., 191.....		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 222

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH		
May 24, 1913		
(Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended deceased from		
....., 191....., to....., 191.....		
that I last saw h..... alive on....., 191.....		
and that death occurred on the date stated above, at....., 191..... m.		
The CAUSE OF DEATH* was as follows:		
Was my sick 3 mrs as determined by physician		
(Duration) yrs. mos. ds.		
Contributory (Secondary) Organic disease		
J. B. (Signature) (Duration) UNKNOWN yrs. mos. ds.		
(Signed) W. L. Lewis, M. D.		
May 25, 1913. (Address) Wheaton, Md.		

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
At place of death yrs. mos. ds. In the State yrs. mos. ds		
Where was disease contracted, if not at place of death?		
Former or usual residence		

19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
West Friendship House		May 26, 1913
20 UNDERTAKER		ADDRESS
W. R. Purushotham		.....

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

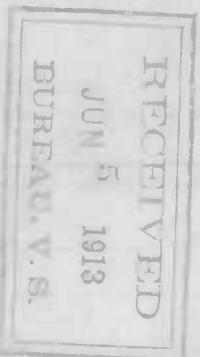
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc. of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Tetremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TUBERculous *epithelioma*," "TUBERculous *peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH 6721  
 County... Montgomery (A)  
 Village or City... Takoma Park (DC) MD

STATE OF MARYLAND  
 CERTIFICATE OF DEATH

Registered No. 223

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Georgina Albowez

PERSONAL AND STATISTICAL PARTICULARS		
8 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDWEO, DIVORCED (Write the word) single
6 DATE OF BIRTH Apr 4, 1905 (Month) (Day) (Year)		
7 AGE 8 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. OR min. ?		

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Chili

10 NAME OF FATHER Rupert Albowez

11 BIRTHPLACE OF FATHER (State or country) Chili

12 MAIDEN NAME OF MOTHER Christina Morrison

13 BIRTHPLACE OF MOTHER (State or country) Chili

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. Liseo  
 (Address) Takoma Park, DC

15 Filed May 8, 1913 H. E. Rogers  
 (Signature) REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 7, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 30, 1913, to May 7, 1913,  
 that I last saw her alive on May 7, 1913.

and that death occurred on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH\* was as follows:

Bronchitis Pneumonia

(Duration) — yrs. — mos. 10/3 ds.

Contributory  
(Secondary) (Duration) yrs. mos. ds.

(Signed) Mrs. Liseo, M. D.

May 7, 1913. (Address) Takoma Park, DC

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)

At place of death yrs. mos. 8 ds. In the State yrs. mos. 8 ds.

Where was disease contracted, if not at place of death? New York City

Former or usual residence Chili

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

New York City, 1913

20 UNDERTAKER ADDRESS

Mr. W. Davis, 2095 7th St. S.W.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

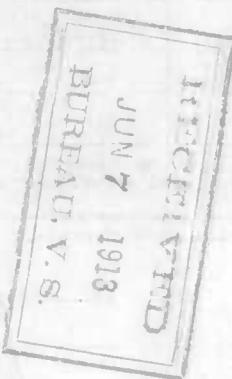
Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death. (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasms*, *tetanus*) may be stated under the head of "Contribution." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**PLACE OF DEATH**  
County Montgomery 6722 (No. 91)  
Village or City Potomac (No. 91)  
**2 FULL NAME** Anna Lucia Brady

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Female **COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
(Write the word)

**6 DATE OF BIRTH** June 4 (Month) 1897 (Year)  
11 (Day)

**7 AGE** 65 yrs. 11 mos. 19 ds. If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

**8 OCCUPATION**  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

**9 BIRTHPLACE** (State or country) Montgomery Co. Md.

**10 NAME OF FATHER** George Washington - Kemp

**11 BIRTHPLACE OF FATHER** (State or country) Montgomery Co. Md.

**12 MAIDEN NAME OF MOTHER** Eliza Kemp

**13 BIRTHPLACE OF MOTHER** (State or country) Montgomery Co. Md.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
Informant Passie J. Stone  
(Address) Potomac Md.

**15** Filed 1913

**REGISTRAR**

**STATE OF MARYLAND CERTIFICATE OF DEATH**  
Registration Dist. No. 219

**16 DATE OF DEATH** May 16 (Month) 1913 (Year)  
Feb 26 (Year) to May 16 (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**  
that I last saw h. m. alive on May 16, 1913  
and that death occurred on the date stated above, at 6:05 P.M.  
The CAUSE OF DEATH\* was as follows:

Chronic Bronchitis - Pulmonary

**Contributory (Secondary)** Valvular Heart Lesions  
(Duration) 1 yrs. 1 mos. 79 ds.

**(Signed)** May 16, 1913 (Address) Potomac Md.

**\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.**

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**  
At place \_\_\_\_\_ In the State \_\_\_\_\_  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** Potomac, Md. **DATE OF BURIAL** May 18, 1913

**20 UNDERTAKER** J. J. Brady **ADDRESS** Washington D.C.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma*. *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. For example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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WY-CF-IV-FD

JUN 5 1913

BUREAU, V. S.

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## 1 PLACE OF DEATH

6723

County MontgomerySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 218St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Unity (No. ,)2 FULL NAME Deborah Jane Brown

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
Female	White	(Write the word)	

6 DATE OF BIRTH	Aug. 4	10	1835
	(Month)	(Day)	(Year)

7 AGE	78	9	10	if LESS than 1 day, .... hrs. OR min. ?
	Yrs.	mos.	ds.	

8 OCCUPATION	Housewife
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	

9 BIRTHPLACE (State or country)	Montgomery Co., Md.
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10 NAME OF FATHER	Perry Bowman
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11 BIRTHPLACE OF FATHER (State or country)	Maryland
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12 MAIDEN NAME OF MOTHER	Rebecca Chapman
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13 BIRTHPLACE OF MOTHER (State or country)	Maryland
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Deborah Brown
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(Address)	Brookerville, Md.
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15 Filed	May 21, 1913	Chas. Fruehman
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Local	REGISTRAR
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1913, to May 19, 1913, that I last saw her alive on May 19, 1913, and that death occurred on the date stated above, at 12:55 a.m., The CAUSE OF DEATH\* was as follows:

Catarrhal Bronchitis,

(Duration) 3 yrs. .... mos. .... ds.

Contributory (Secondary) Hypostatic pneumonia

(Duration) .... yrs. .... mos. .... ds.

(Signed) Harry G. Spamer, M. D.  
May 20, 1913. (Address) Gaithersburg, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

<u>Patuxent Cemetery</u>	<u>May 22, 1913</u>
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20 UNDERTAKER ADDRESS

<u>Geo. W. Lachell</u>	<u>Brookerville</u>
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REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

### Association.]

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**Statement of cause of death**—Name, first, the disease (causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

oma. *Surcoma*, etc., of ..... (name origin; "Con-  
ser" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), 29 d.s.  
*Bronchopneumonia* (secondary), 10 d.s. Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Ast-  
hama," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
mus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Postpartal septica-  
mia*," "*Postpartal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vi-  
lent deaths state MEANS OF INJURY and quality as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train*—acci-  
dental; *Revolver wound of head*—homicide; *Poisoned  
by carbolic acid*—probably suicide. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis, tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HEDGELEY

JUN 4 1911

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County. Montgomery 6724  
6724

Village or City Burnt Hills (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Fannie Brown

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
------------------------	-----------------------------------	--

6 DATE OF BIRTH  
5/23/1859(Month) 5 (Day) 23 (Year) 1859

7 AGE <u>54</u> yrs. <u>0</u> mos. <u>2</u> ds.	If LESS than 1 day, _____ hrs. OR _____ min. ?
--	--

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Md.10 NAME OF FATHER Geo Brown11 BIRTHPLACE OF FATHER  
(State or country) Md.12 MAIDEN NAME OF MOTHER Sarah Anna Carter13 BIRTHPLACE OF MOTHER  
(State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marshall Brown(Address) Silver Spring15 Filed May 22, 1913 H. J. Brown

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5-22-1913  
(Month) 5 (Day) 22 (Year) 191317 I HEREBY CERTIFY, That I attended deceased from  
191, to 191,  
that I last saw h. alive on 191,  
and that death occurred on the date stated above, at 191 m.

The CAUSE OF DEATH\* was as follows:

She had a stroke  
she had a stroke & could get to  
her house

(Duration) 1 yrs. 0 mos. 0 ds.  
Contributory Secondary Cerebral Hemorrhage

(Duration) 1 yrs. 0 mos. 0 ds.  
(Signed) H. J. Brown, M. D. Silver Spring

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Buried family ground DATE OF BURIAL May 22, 191320 UNDERTAKER Geo Hobell ADDRESS Carlton

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meninges, peritoneum, etc.*, *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IRFCF1 VFD

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 6725  
County Montgomery (No. 19)  
Village or City Bethesda

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 217

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Wm H. Brown

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>Negro</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<u>MARRIED</u>	
6 DATE OF BIRTH <u>about</u>		7 AGE <u>about 82</u> (Month) <u>75</u> yrs. <u>1</u> mos. <u>0</u> ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Ex W.W. Soldier</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farm hand since</u>				
9 BIRTHPLACE (State or country) <u>Clarksville Md</u>				
10 NAME OF FATHER <u>Dont Know</u>				
11 BIRTHPLACE OF FATHER (State or country) <u>"</u>				
12 MAIDEN NAME OF MOTHER <u>"</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>"</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>G. M. Iddings</u> (Address) <u>Sandy Spring Md</u>				
15 Filed <u>5-23-1913</u> Chas Farquhar Local REGISTRAR				

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1912 to May 21st 1913, that I last saw him alive on May 21st 1913.

and that death occurred on the date stated above, at 7 a.m.

The CAUSE OF DEATH\* was as follows:

Heart & Liver disease  
Valvular insufficiency.

two years (Duration) yrs. mos. ds.

Contributory  
(Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) G. M. Iddings, M. D.  
May 22, 1913. (Address) Sandy Spring Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Sharp Street Cemetery

DATE OF BURIAL  
5-24-1913

20 UNDERTAKER

John R. Abel

ADDRESS

Ashton, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age, for many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal min., etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the **DISEASE** CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the **DISEASE** CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-* *oma*, *Sarcoma*, etc., of (name origin); "Oan-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIO-  
LENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery

6726

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 223St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Takoma Park, D.C.2 FULL NAME Henry M. Butler

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
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6 DATE OF BIRTH May 16, 1913  
(Month) (Day) (Year)

7 AGE 57  
yrs. ? mos. ? ds. If LESS than  
1 day, .... hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work Lawyer  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) New York

10 NAME OF FATHER John Kuorn

11 BIRTHPLACE OF FATHER  
(State or country) 11 11

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER  
(State or country) 11 11

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Siseo  
(Address) Takoma Park, D.C.

15 Filed May 17, 1913 H. E. Rogers  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 29, 1913 to May 16, 1913,  
that I last saw him alive on May 16, 1913.

and that death occurred on the date stated above, at 5:45 P.M.  
The CAUSE OF DEATH\* was as follows:

Chronic Endocarditis

... (Duration) ? yrs. — mos. — ds.

Contributory  
(Secondary)

... (Duration) ? yrs. — mos. — ds.  
(Signed) J. M. Siseo

May 16, 1913 (Address) Takoma Park, D.C.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence Wash. D.C.

18 PLACE OF BURIAL OR REMOVAL Washington, D.C. DATE OF BURIAL May 18, 1913

19 UNDERTAKER Joseph Gavle's Son ADDRESS Franklin St., Balt., Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Md., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—ocidental*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scyphsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 7 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County. Montgomery

6727

28

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 215Village or City Boyd's (No.)St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Sadie Ida Campbell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Dec 12, 1887  
(Month) (Day) (Year)

7 AGE 26 yrs. — mos. — ds. If LESS than  
1 day, .... hrs. OR .... min. ?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF FATHER Wesley Foreman

11 BIRTHPLACE OF FATHER  
(State or country) Md

12 MAIDEN NAME OF MOTHER Millie Warren

13 BIRTHPLACE OF MOTHER  
(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Edward Campbell

(Address) Boyd's, Md.

15 Filed 191

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 14, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from June 1913 to May 14, 1913,

that I last saw her alive on May 14, 1913,

and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis  
(Duration) 1 yrs. 6 mos. 0 ds.

Contributory  
Secondary

(Duration) 0 yrs. 0 mos. 0 ds.  
(Signed) J. D. Househ M. D.  
(Address) Dawsonville, Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 0 yrs. 0 mos. 0 ds. in the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Boyd's, Md. DATE OF BURIAL May 17, 1913

20 UNDERTAKER Wm. J. Hiltz & Son ADDRESS Dawsonville, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcin-*

*oma*, *Sarcoma*, etc. of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent death state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence with the doctor as to the cause of death and must be obtained before the certificate is permanently filed.

JUL 11 1913

BUREAU, V. S.

Present to  
Be signed

1 AUG 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 7016  
5 County Montgomery

Village or City near Silverville (No. ....)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 214

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Margaret-Matilda Carter

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	Colored	Single

## 6 DATE OF BIRTH

10 15, 1911  
(Month) (Day) (Year)

7 AGE	It LESS than 1 day, ... hrs. OR ... min. ?
1 yrs. 7 mos. 3 ds.	

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)

Infant9 BIRTHPLACE  
(State or country)Montgomery Co. Md.

## PARENTS

## 10 NAME OF FATHER

Chas. Carter11 BIRTHPLACE OF FATHER  
(State or country)Montgomery Co. Md.

## 12 MAIDEN NAME OF MOTHER

Sarah Boud.13 BIRTHPLACE OF MOTHER  
(State or country)Montgomery Co. Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Thompson

(Address) Cloverly, Md.

## 15

Filed..... 1911

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 17, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 6th 1913, to May 9th 1913, that I last saw her alive on May 9th 1913, and that death occurred on the date stated above, at 11 P.m.

The CAUSE OF DEATH\* was as follows:

Calvinhal Pneumonia contracted after Scarlet Fever.

(Duration) yrs. 1 mos. 15 ds.

Contributory Secondary Heart Failure

(Duration) yrs. mos. ds.

(Signed) Chas. Farnsworth, M. D.  
May 18, 1913 (Address) Olney, Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Sharp Street Cemetery.

## 20 UNDERTAKER

John R. Abell

## DATE OF BURIAL

May 20, 1913

## ADDRESS

Ashton, Md.

# REVISED UNITED STATES STANDARD

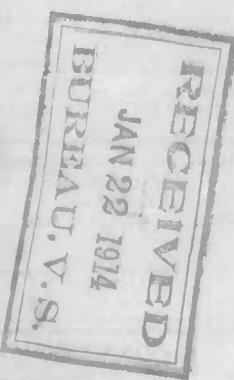
## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 6728  
County Montgomery

Village or City Silver Spring (No.)

## 2 FULL NAME Laura Harte Chaffee

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 2222

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED  
Female White Married  
(Write the word)

6 DATE OF BIRTH 10 30, 1884  
(Month) (Day) (Year)

7 AGE 78 yrs. 6 mos. 1 ds. If LESS than  
1 day, hrs.  
OR min.?

8 OCCUPATION (e) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Vermont

10 NAME OF FATHER H. M. Harte

11 BIRTHPLACE OF FATHER (State or country) Vt.

12 MAIDEN NAME OF MOTHER Lois Shull

13 BIRTHPLACE OF MOTHER (State or country) Vt.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Scott  
(Address) Silver Spring

15 Filed May 2, 1913  
H. H. Howlett, Deaf. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 1, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Dec. 1, 1912, to May 1, 1913.

that I last saw her alive on April 30, 1913.

and that death occurred on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH\* was as follows:

Carcinoma of Right  
Ovarian region  
Descending colon

(Duration) 0 yrs. 6 mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) H. J. Brown, M.D.

(Address) Silver Spring

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Crownsville Falls, Vt., May 6, 1913

20 UNDERTAKER ADDRESS  
Wright Bros. Washington

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery salesman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chorotavicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Pneumococcosis* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 5 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6729
County	Montgomery	
Village or City	Laytonsville (No. 1720)	
2 FULL NAME James C Christopher		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX male	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Aug 3, 1846		
(Month) (Day) (Year)		
7 AGE 66 yrs. 9 mos. 10 ds.	If less than 1 day, hrs. OR min. ?	
8 OCCUPATION (a) Trade, profession, or particular kind of work None		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) Baltimore		
10 NAME OF FATHER Nicholas Christopher		
11 BIRTHPLACE OF FATHER (State or country) Maryland		
12 MAIDEN NAME OF MOTHER Eliza M. Damnington		
13 BIRTHPLACE OF MOTHER (State or country) Maryland		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James C Christopher Jr. (Address) Laytonsville Md		
15 Filed May 14, 1913. V. H. Dyer		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 210

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 15th, 1913, to May 13th, 1913,

that I last saw him alive on May 13th, 1913,

and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH\* was as follows:

Chronic nephritis

(Duration) yrs. 5 mos. ds.

Contributory disease

(Duration) yrs. 2 mos. ds.

(Signed) V. H. Dyer, M. D.  
May 14, 1913. (Address) Laytonsville Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Laytonsville Cemetery May 15, 1913. DATE OF BURIAL

20 UNDERTAKER Alex' Carlisch ADDRESS Gaithersburg

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

*oma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

County Maryland

6730

8

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 212St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Baltimore (No. 8)

## 2 FULL NAME

Beatrice Clarke

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
6 DATE OF BIRTH <u>8</u> / <u>1</u> , <u>1912</u>		(Month) (Day) (Year)
7 AGE <u>2</u> yrs. <u>9</u> mos. <u>14</u> ds.	If LESS than 1 day, ____ hrs. OR ____ min. ?	

8 OCCUPATION (a) Trade, profession, or particular kind of work	<u> </u>
(b) General nature of industry, business, or establishment in which employed (or employer)	<u> </u>

9 BIRTHPLACE (State or country)	<u>Maryland</u>
------------------------------------	-----------------

10 NAME OF FATHER	<u>Nathan E. Clarke</u>
-------------------	-------------------------

11 BIRTHPLACE OF FATHER (State or country)	<u>Maryland</u>
---	-----------------

12 MAIDEN NAME OF MOTHER	<u>Mollie Proctor</u>
--------------------------	-----------------------

13 BIRTHPLACE OF MOTHER (State or country)	<u>Maryland</u>
---	-----------------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) <u>U. D. House</u>
---

(Address) <u>Baltimore</u>
----------------------------

15 Filed <u>July 11, 1913</u>
-------------------------------

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 14, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 13, 1913, to May 14, 1913, that I last saw her alive on May 13, 1913, and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:

Whooping Cough(Duration) yrs. 23 mos. 0 ds.  
Contributory Convulsions (Secondary)(Duration) yrs. 0 mos. 0 ds.  
(Signed) U. D. House, M. D.  
May 14, 1913. (Address) Baltimore, Maryland

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Baltimore, Maryland May 16, 1913

20 UNDERTAKER ADDRESS

Peter Davis Baltimore, Maryland

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.s.**; *Bronchopneumonia* (secondary), **10 d.s.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause or death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6731	STATE OF MARYLAND	
County		Kensington		CERTIFICATE OF DEATH
Village or City		(No.)		Registration Dist. No. 222
2 FULL NAME		Amanda Daudoor		
PERSONAL AND STATISTICAL PARTICULARS				
3 EX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	6731	
Female	White	Widow	(na)	
7 DATE OF BIRTH		March 31, 1824	(Month) (Day) (Year)	
8 AGE		89 yrs. 1 mos. 26 ds.	If LESS than 1 day, ... hrs. OR min. ?	
9 OCCUPATION				
(a) Trade, profession, or particular kind of work None				
(b) General nature of industry, business, or establishment in which employed (or employer)				
10 NAME OF FATHER				
Roland J. Caw				
11 BIRTHPLACE OF FATHER (State or country)				
Va				
12 MAIDEN NAME OF MOTHER				
Judia Ann Goodhue				
13 BIRTHPLACE OF MOTHER (State or country)				
N.Y.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) W. S. Armstrong				
(Address)				
15				
Filed 1911				
REGISTRAR				
16 DATE OF DEATH				
May 26, 1913				
(Month) (Day) (Year)				
17 I HEREBY CERTIFY that I attended deceased from Dept., 1906 to May 26, 1913 that I last saw her alive on May 19, 1913 and that death occurred on the date stated above, at 12:20 p.m. The CAUSE OF DEATH* was as follows On gauge disease of the head and neck Heart, kidney & 7 yrs. — mos. — ds. Contributory (Secondary) Heart, kidney & 7 yrs. — mos. — ds. (Signed) May 26, 1913 (Address) Kensington, M.D.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence				
19 PLACE OF BURIAL OR REMOVAL				
Md. (Address) Chukson, 1911				
DATE OF BURIAL				
20 UNDERTAKER				
W. R. Humphrey (Address) Cockville, Md.				
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				

REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

### Association.

Statement of occupation—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, periosteum*, etc., *Carcin-*

oma. Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Taenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH 7017  
 County Maryland  
 Village or City New Providence (No. 12)

STATE OF MARYLAND  
 CERTIFICATE OF DEATH

Registration Dist. No. 10

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Elizabeth Ann Fader

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Widowed

6 DATE OF BIRTH	Oct 19, 1830
	(Month) (Day) (Year)

7 AGE	82 yrs. 6 mos. 18 ds.	IF LESS than 1 day, .... hrs. OR min. ?
-------	-----------------------	---

8 OCCUPATION	Household service
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	

9 BIRTHPLACE (State or country)	Md
------------------------------------	----

10 NAME OF FATHER	William
-------------------	---------

11 BIRTHPLACE OF FATHER (State or country)	Md.
---	-----

12 MAIDEN NAME OF MOTHER	Mary
--------------------------	------

13 BIRTHPLACE OF MOTHER (State or country)	Md
---	----

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed....., 191.....

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 7, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from  
 Apr 24, 1913, to May 7, 1913,  
 that I last saw her alive on May 7, 1913,  
 and that death occurred on the date stated above, at

The CAUSE OF DEATH\* was as follows:

Exhaustion from Gangrene  
 of the leg following  
 the operation.

(Duration) yrs. mos. 13 ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
 (Signed) John L. H. M. D.  
 May 8, 1913 (Address) New Providence

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
 if not at place of death?

Former or  
 usual residence

19 PLACE OF BURIAL OR REMOVAL  
 Bellvue Rd., May 8, 1913

20 UNDERTAKER  
 W. R. Murphy  
 ADDRESS  
 New Providence

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

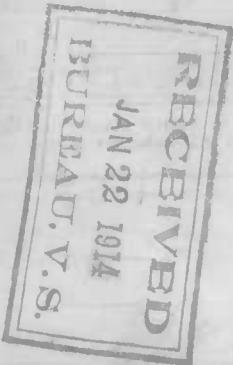
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cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traëmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*TUERPERAL scirrhosus*," "*TUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH		6732	STATE OF MARYLAND CERTIFICATE OF DEATH		
County <u>Maryland</u>		170	Registration Dist. No. <u>212</u>		
Village or City <u>Beallsville</u> (No. <u>,</u> )		St. <u></u> Ward <u>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</u>			
2 FULL NAME <u>James Ford</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)	MEDICAL CERTIFICATE OF DEATH		
6 DATE OF BIRTH <u>Feb 19</u>		If LESS than 1 day, <u>hrs.</u> OR <u>min. ?</u>	16 DATE OF DEATH <u>May 16</u>	(Month) <u>May</u> (Day) <u>16</u> (Year) <u>1913</u>	
7 AGE <u>73 yrs. 2 mos. 27 ds.</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> , 1913, to <u>May 16</u> , 1913, that I last saw him alive on <u>May 15</u> , 1913, and that death occurred on the date stated above, at <u>10 a.m.</u> The CAUSE OF DEATH* was as follows:			
8 OCCUPATION <u>Farm hand</u>		acute pneumonia			
(a) Trade, profession, or particular kind of work		(Duration) <u>10</u> yrs. <u>10</u> mos. <u>10</u> ds.			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		Contributory (Secondary) <u>Chronic Enteritis</u>			
9 BIRTHPLACE (State or country) <u>Va</u>		Refrigerator <u>4</u> yrs. <u>0</u> mos. <u>0</u> ds.			
10 NAME OF FATHER <u>Joseph Ford</u>		(Signed) <u>E.W. White</u> M. D.			
11 BIRTHPLACE OF FATHER (State or country) <u>Va</u>		May 17, 1913 (Address) <u>Beallsville Md</u>			
12 MAIDEN NAME OF MOTHER <u>Bellie Kendall</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) <u>Va</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs James Ford</u>		At place <u>Beallsville Md</u> In the <u>State</u> <u>Yrs.</u> <u>Mos.</u> <u>ds.</u>			
(Address) <u>Beallsville Md</u>		Where was disease contracted, if not at place of death?			
15 Filed <u>May 17, 1913 E.W. White</u>		Former or usual residence <u>Beallsville Md</u>			
16 REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Beallsville Md</u>		DATE OF BURIAL <u>May 18, 1913</u>	
20 UNDERTAKER <u>Hillier &amp; Hall</u>		ADDRESS <u>Beallsville Md</u>			

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Ganglion" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TURPENTERAL septicaemia," "TURPENTERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and QUALITY as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver round of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED  
JUN 4 1913  
BUREAU, V. S.

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1 PLACE OF DEATH  
County Montgomery

6733

10K

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 216St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Bear (No.)2 FULL NAME Annie Fowler

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>Negro</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (Write the word)
------------------------	---------------------------------	--

6 DATE OF BIRTH  
3 24, 1912  
(Month) (Day) (Year)

7 AGE  
1 yrs. 1 mos. 16 ds. If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work  
None  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

9 BIRTHPLACE  
(State or country) Montgomery Co. Md.

10 NAME OF FATHER John N. Fowler

11 BIRTHPLACE OF FATHER  
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Irene Burns

13 BIRTHPLACE OF MOTHER  
(State or country) West Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John N. Fowler  
(Address) Bethesda

15 Filed May 9, 1913 John L. Lewis

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 9, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
May 9, 1913 to May 9, 1913,  
that I last saw her alive on May 9, 1913,  
and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:

Enteritis, Colitis

Contributory Rickets  
Secondary  
(Duration) yrs. mos. ds.

(Signed) John L. Lewis, M. D.  
5/10, 1913. (Address) Bethesda, Md.  
(Duration) yrs. mos. ds.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Joseph Norman Farm DATE OF BURIAL May 11, 1913

20 UNDERTAKER W. R. Pamphrey Son ADDRESS Rockville

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *as.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 3 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6734		STATE OF MARYLAND CERTIFICATE OF DEATH	
County <u>Montgomery</u>		103		Registration Dist. No. 212	
Village or City <u>Pooleville</u> (No.)				St. _____ Ward _____	
2 FULL NAME <u>Evelyn Darby Syffe</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			
6 DATE OF BIRTH <u>Aug 29</u>		(Month)	(Day)	(Year) <u>1910</u>	
7 AGE <u>2 yrs. 8 mos. 5 ds.</u>		It LESS than 1 day, _____ hrs. OR _____ min. ?			
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____					
9 BIRTHPLACE (State or country) <u>Pooleville Ind.</u>					
10 NAME OF FATHER <u>Isaac Syffe</u>					
11 BIRTHPLACE OF FATHER (State or country) <u>Pooleville Ind.</u>					
12 MAIDEN NAME OF MOTHER <u>Bettie D. Darby</u>					
13 BIRTHPLACE OF MOTHER (State or country) <u>Buck Lodge Ind.</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Isaac Syffe</u> (Address) <u>Pooleville Ind.</u>					
15 Filed <u>May 5, 1913</u> E. W. White. REGISTRAR					
16 DATE OF DEATH <u>May 4, 1913</u> (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended deceased from <u>May 3, 1913</u> to <u>May 4, 1913</u> , that I last saw her alive on <u>May 4, 1913</u> , and that death occurred on the date stated above, at <u>2 P.M.</u> , The CAUSE OF DEATH* was as follows: <u>Acute Indigestion with Convulsions</u>					
(Duration) yrs. mos. <u>2</u> ds.					
Contributory (Secondary) _____					
(Duration) yrs. mos. <u>0</u> ds.					
(Signed) <u>B. W. Wally</u> , M. D. May 5, 1913 (Address) <u>Pooleville Ind.</u>					
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds					
Where was disease contracted, if not at place of death? _____					
Former or usual residence _____					
19 PLACE OF BURIAL OR REMOVAL <u>Beallsville Ind.</u> DATE OF BURIAL _____, 1913					
20 UNDERTAKER <u>Hector &amp; Hall</u> ADDRESS <u>May 6</u>					

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—"On mine, etc. Women at home, who are engaged in the duties of the household only (not *maid* *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the **DISEASE** causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Grop"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Tubercular septicemia," "Tubercular peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state **MEANS OF INJURY** and **QUALITY** as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1918

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

6735

County

Montgomery

Village or City

Somerset (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 216

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Anna M. Groh

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Female

## 4 COLOR OR RACE

White

5 SINGER  
MARRIED,  
WIDOWED,  
DIVORCED  
(Write the word)

## 6 DATE OF BIRTH

July 4, 1875

(Month) (Day) (Year)

## 7 AGE

37 yrs. 9 mos. 9 ds.

IT LESS than  
1 day, hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

housewife

## 9 BIRTHPLACE

(State or country)

Virginia

## PARENTS

## 10 NAME OF FATHER

Chas. M. Burton

## 11 BIRTHPLACE OF FATHER

(State or country)

Vermont

## 12 MAIDEN NAME OF MOTHER

Anna D. Howard

## 13 BIRTHPLACE OF MOTHER

(State or country)

Maine

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

C. M. Burton

(Address)

Bernardon Va

## 15

Filed June 1<sup>st</sup>, 1913 John L. Lewis

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

May 13, 1913

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended deceased from

May 7, 1913, to May 13, 1913,

that I last saw her alive on May 13, 1913,

and that death occurred on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH\* was as follows:

Post Partum Hemorrhage  
and pneumonia, also  
Fatty Heart.

(Duration) yrs. mos. ds.

Contributory Primary Secondary  
Secondary & Heart Failure

dry anaemia (Duration) yrs. mos. ds.

(Signed) Thos. K. Leonard, M.D.

May 13, 1913 (Address) Chevy Chase, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. to the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL  
May 13, 1913

## 20 UNDERTAKER

ADDRESS

Jos. F. Bitchel's Sons Washington

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health

Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcin-*oma, *Sarcoma*, etc., or ..... (name origin); "Can-*cer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ab-*stinenza*," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-*genital*," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mas-*trus*," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probable* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *asphyxia*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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*R. F. H. J. S. 1913*  
*for Dr. M. D.*  
*for Dr. R. F.*  
*JUN 3 : 1913*

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH		STATE OF MARYLAND CERTIFICATE OF DEATH		
County. <i>Montgomery</i>		Registration Dist. No. <i>216</i>		
Village or City <i>Drummond</i>		St. _____ Ward _____		
2 FULL NAME <i>Still-born - Groh</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <i>May 3</i>		7 AGE <i>0 yrs. 0 mos. 0 ds.</i>	16 DATE OF DEATH <i>May 3</i>	(Month) <i>May</i> (Day) <i>3</i> (Year) <i>1913</i>
		8 OCCUPATION <i>none</i>	17 I HEREBY CERTIFY That I attended deceased from <i>Apr. 21, 1913, to May 3, 1913,</i> that he was <i>alive</i> <i>alive</i> .	
		(a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at <i>11:00 a.m.</i>	
		(b) General nature of industry, business, or establishment in which employed (or employer) <i>none</i>	The CAUSE OF DEATH* was as follows: <i>Pubic con-</i>	
		9 BIRTHPLACE (State or country) <i>Maryland</i>	<i>lization &amp; Prolapse of cord, also</i>	
PARENTS		10 NAME OF FATHER <i>Jacob D. Groh</i>	<i>breath syncretism.</i>	
		11 BIRTHPLACE OF FATHER (State or country) <i>Pennsylvania</i>	<i>Still-born</i>	
		12 MAIDEN NAME OF MOTHER <i>May Burton</i>	<i>Die before birth, 24 hrs.</i>	
		13 BIRTHPLACE OF MOTHER (State or country) <i>Virginia</i>	Contributory <i>abnormal situation</i>	(Duration) <i>1 mos. 0 ds.</i>
		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Jacob D. Groh</i> (Address) <i>Henderson, Va.</i>	Secondary <i>partial separation of</i>	<i>placenta before birth</i> <i>mos. 0 ds.</i>
15		Filed. <i>191</i>	(Signed) <i>Thos. K. George</i>	<i>Cherry Chase</i>
			19 PLACE OF BURIAL OR REMOVAL <i>Henderson, Va.</i>	DATE OF BURIAL <i>May 4, 1913</i>
			20 UNDERTAKER <i>J. E. Reed</i>	ADDRESS <i>Henderson, Va.</i>

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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<b>RECEIVED</b>
MAY 16 1914
BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH		STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Maryland	6736	Registration Dist. No. 222
Village or City	Martinsburg	No. 42	St. Ward
2 FULL NAME Beulah Hall			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	6736
Female	Colored	Single	
8 DATE OF BIRTH	March 15, 1904		
	(Month)	(Day)	(Year)
7 AGE	9 yrs. 2 mos. 4 ds.	If LESS than 1 day, hrs. OR min. ?	
8 OCCUPATION	School girl		
(a) Trade, profession, or particular kind of work			
(b) General nature of industry, business, or establishment in which employed (or employer)			
9 BIRTHPLACE (State or country)	Maryland		
10 NAME OF FATHER	Huckles Hall		
11 BIRTHPLACE OF FATHER (State or country)	Md.		
12 MAIDEN NAME OF MOTHER	Minnie Johnson		
13 BIRTHPLACE OF MOTHER (State or country)	Md.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)	Jasper Beall		
(Address)	Dickenson Rd.		
15 Filed	May 21, 1913 E. W. White		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	May 19, 1913		
	(Month)	(Day)	(Year)
17	I HEREBY CERTIFY, That I attended deceased from May 19, 1913, to May 19, 1913, that I last saw her alive on May 19, 1913, and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:		
	Sobai pneumonia with Cerebrum.		
	(Duration) yrs. mos. 2 ds.		
Contributory (Secondary)			
	(Duration) yrs. mos. ds.		
(Signed)	E. W. White, M. D.		
	May 21, 1913 (Address) Potomac, Md.		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
At place of death	.... yrs. .... mos. .... ds.	In the State	.... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL			
Martinsburg			DATE OF BURIAL
Peter Davis			May 21, 1913
20 UNDERTAKER			
ADDRESS			
Potomac, Md.			

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (net paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anesthesia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Deduity" ("Congenital," "Seizure," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Traenemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6737
County <i>Baltimore</i>		W
Village or City <i>Melissbury</i> (No.)		
2 FULL NAME <i>Elmude Hallman</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>Colored</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i> (Write the word)
6 DATE OF BIRTH <i>Oct 24, 1912</i>		IT LESS than 1 day, <u>      </u> hrs. OR <u>      </u> min.?
7 AGE <i>1 yrs. 1 mos. 0 ds.</i>		
8 OCCUPATION <i>Infant</i>		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Md.</i>		
10 NAME OF FATHER <i>John Hallman</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Md.</i>		
12 MAIDEN NAME OF MOTHER <i>Julia Sloneid</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Md.</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>John Hallman</i> (Address) <i>Dickerson Md.</i>		
15 Filed <i>May 26, 1913</i>	REGISTRAR	

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *212*St. *Ward*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 16, 1913*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 11, 1913*, to *May 24, 1913*,  
that I last saw him alive on *May 11, 1913*,  
and that death occurred on the date stated above, at *9 A.M.*  
The CAUSE OF DEATH\* was as follows:

*Bronchial Pneumonia*

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *E.W. White* M. D.  
*May 26, 1913* (Address) *Poolesville*

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

*Melissbury* *May 26, 1913*

20 UNDERTAKER ADDRESS

*Peter Davis Son* *Poolesville*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Canning*, etc. Women at home, who are engaged in the duties of the household only (net paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc. or \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 20 d.; *Bronchomegomyia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traenita," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TUMERAL septicemia," "TUMERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—*accident*; *Revolver wound of head*—*homicide*; *Poisoned by carbolic acid*—*probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH 6738  
 County Montgomery NA  
 Village or City Barnesville (No.)

2 FULL NAME Wm Reginald Hays

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>Jan 10</u>		(Month) (Day) (Year) <u>1884</u>
7 AGE <u>29 yrs. 4 mos. 19 ds.</u>		If LESS than 1 day, .... hrs. OR min. ?
8 OCCUPATION <u>at home</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Maryland</u>		
10 NAME OF FATHER <u>F. P. Hays</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Maryland</u>		
12 MAIDEN NAME OF MOTHER <u>Ida Lee Hemptstone</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>VA</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ida Lee Hays - Mother</u> (Address) <u>Barnesville Md.</u>		
15 Filed <u>May 28, 1913</u> <u>J. M. White</u>		

REGISTRAR

STATE OF MARYLAND  
 CERTIFICATE OF DEATH  
 Registration Dist. No. 220  
 St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH May - 27, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 8, 1913, to Feb 21, 1913,  
 that I last saw him alive on Feb 21, 1913,  
 and that death occurred on the date stated above, at 1 P.M.,  
 The CAUSE OF DEATH\* was as follows:

Chronic valvular heart disease

4 Contributory (Secondary) (Duration) yrs. mos. ds.  
 (Signed) J. P. Geoghegan (Address) Barnesville Md. M. D. Feb 28, 1913

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death yrs. mos. ds. In the State yrs. mos. ds  
 Where was disease contracted, if not at place of death?  
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Beallsville Md. DATE OF BURIAL May 29, 1913  
 Monocacy Cemetery

20 UNDERTAKER W. J. Hilton & Sons ADDRESS Barnesville

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 days*; *Bronchopneumonia* (secondary). *10 days*. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traæmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TUMORAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED  
JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

6739

County *Montgomery*Village or City *Gaithersburg* (No. *79*)STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *218*St. *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

*Melissa J Higgins*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<i>Female</i>	<i>White</i>	<i>Married</i>

## 6 DATE OF BIRTH

*Sept 22, 1877*  
(Month) (Day) (Year)

## 7 AGE

*35 yrs. 7 mos. 27 ds.*If LESS than  
1 day, hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work*House - wife*(b) General nature of industry,  
business, or establishment in  
which employed (or employer)*Sanne*9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER*Lori Walkins*11 BIRTHPLACE  
OF FATHER  
(State or country)*Maryland*12 MAIDEN NAME  
OF MOTHER*Alyabeth Burton*13 BIRTHPLACE  
OF MOTHER  
(State or country)*Maryland*

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Miss Helen Walkins*(Address) *Gaithersburg Md*

## 15

Filed *May 21, 1913* C. H. Elchusen, M. D.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 19, 1913*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
*May 17, 1913* to *May 19, 1913*  
that I last saw *h.s.m.* alive on *May 18, 1913*  
and that death occurred on the date stated above, at *2 p.m.*  
The CAUSE OF DEATH\* was as follows:*Aortic Regurgitation*(Duration) yrs. *6* mos. *ds.*Contributory *Exhaustion*  
(Secondary)(Duration) yrs. *mos.* *ds.*(Signed) *D. C. Wachsmuth, M. D.**May 20, 1913* (Address) *Gaithersburg*

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. *2* mos. *ds.* State *MD* yrs. *2* mos. *2* ds.Where was disease contracted, if not at place of death? *Dent Avenue*Former or usual residence *Maryland*

## 19 PLACE OF BURIAL OR REMOVAL

Burial *May 21, 1913*

## DATE OF BURIAL

## 20 UNDERTAKER

Address *Alex. J. Carbone*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., or \_\_\_\_\_ (name origin; "Ganglion" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Ex. example: *Measles* (disease causing death), **29** *ds.*; *Bronchopneumonia* (secondary), **10** *ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably as such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECORDED  
JULY 9 1913  
RECORDED

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

6740

County

Montgomery

Village or City

Laytonsville

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 210

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Mrs Mary S Howard

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word) Married

6 DATE OF BIRTH

October 10, 1853  
(Month) (Day) (Year)

7 AGE

57 yrs. 7 mos. 9 ds.

If LESS than  
1 day, .... hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

House Wife

9 BIRTHPLACE  
(State or country)

Baltimore City

10 NAME OF  
FATHER

John H. Reynolds

11 BIRTHPLACE  
OF FATHER  
(State or country)

Baltimore Co.

12 MAIDEN NAME  
OF MOTHER

Susannah Hickey

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Baltimore Co.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Florence A. Hudson

(Address) Gaithersburg Md.

15

Filed May 11, 1913 Harry S. Spurrier

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 9<sup>th</sup>, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
March 10<sup>th</sup>, 1913, to May 9<sup>th</sup>, 1913,  
that I last saw her alive on May 9<sup>th</sup>, 1913,  
and that death occurred on the date stated above, at 4:45 P. M.  
The CAUSE OF DEATH\* was as follows:

Diabetes Melitis

(Duration) 25 yrs. mos. ds.

Contributory  
(Secondary)

Multiple Miseritis

(Duration) yrs. mos. ds.

(Signed) Clifford W. Wilkins, M. D.  
May 10, 1913. (Address) Laytonsville\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Patuxent Cemetery May 11, 1913.

## 20 UNDERTAKER

Geo. W. Cashell Brookville

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal minc.*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc. of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropst," "Exhaustion," "Teart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis*, *retanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, U. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH County..... Montgomery		6741	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City..... Takoma Park (D.C.)		(No.)	na	Registered No. 223
2 FULL NAME George Alex. Irvin		St. Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX Male	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH Nov 17, 1844 (Month) (Day) (Year)		16 DATE OF DEATH May 23, 1913 (Month) (Day) (Year)		
7 AGE 68 yrs. 6 mos. 6 ds.		17 I HEREBY CERTIFY. That I attended deceased from May 1913, to May 23, 1913, that I last saw him alive on May 23, 1913, and that death occurred on the date stated above, at 11:30 P.M.		
8 OCCUPATION (a) Trade, profession, or particular kind of work..... Clergyman		The CAUSE OF DEATH* was as follows: Chronic Endocarditis		
9 BIRTHPLACE (State or country) Ohio		(Duration) ? yrs. ... mos. ... ds.		
10 NAME OF FATHER Isaac Irvin		Contributory (Secondary)		
11 BIRTHPLACE OF FATHER (State or country) Ohio		(Duration) ... yrs. ... mos. ... ds. (Signed) 747 N. Liseo, M.D.		
12 MAIDEN NAME OF MOTHER Not Known				
13 BIRTHPLACE OF MOTHER (State or country) Ohio				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 747 N. Liseo, M.D. (Address) Takoma Park, D.C.				
15 Filed May 24, 1913	16 H. E. Rogers REGISTRAR	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. 4 ds. Where was disease contracted, If not at place of death? Former or usual residence, Loma Linda, Calif		
19 PLACE OF BURIAL OR REMOVAL Washington, D.C.			DATE OF BURIAL May 24, 1913	
20 UNDERTAKER Johns Wright Co			ADDRESS 1357 15th and New Wash. D.C.	
If more blanks are needed, address State Registrar, 6 Franklin St., Baltimore, Requesting V. S. No. 1.				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

\_\_\_\_\_

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: "Accidental drowning"; "Struck by railway train—accident"; "Revolver wound of head—homicide"; "Poisoned by carbolic acid—probable suicide". The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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JUN 7 1913

BUREAU, U. S.

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## 1 PLACE OF DEATH

County Montgomery

6742

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 222St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Takoma Park, Md.2 FULL NAME Anna Gertude Jarboe

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH Sept 24, 1911  
(Month) (Day) (Year)

7 AGE 1 yrs. 7 mos. 21 ds. IT LESS than  
1 day, hrs.  
OR min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work at home.  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Takoma Pt. Md

10 NAME OF FATHER Frederick C. Jarboe.

11 BIRTHPLACE OF FATHER  
(State or country) Prince George Co. Md

12 MAIDEN NAME OF MOTHER Mary J. Kendall

13 BIRTHPLACE OF MOTHER  
(State or country) Montgomery Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. M. Cram

(Address) Takoma Park, D.C.

15  
Filled May 16, 1913 by J. H. Hawlett  
deputy REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15<sup>th</sup>, 1913.  
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from May 4, 1913, to May 15, 1913, that I last saw her alive on May 14, 1913, and that death occurred on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH\* was as follows:

Bronchitis pneumonia which followed measles.

(Duration) yrs. mos. 1.0 ds.

Contributory (Secondary) pneumonia sequella of measles.

(Duration) yrs. mos. 1.0 ds.

(Signed) J. H. Hawlett, M.D.  
May 14, 1913. (Address) Takoma Park, D.C.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. 7 mos. 21 ds. In the State 1 yrs. 7 mos. 21 ds.

Where was disease contracted, Not at place of death?

Former or usual residence —

19 PLACE OF BURIAL OR REMOVAL Grace Church DATE OF BURIAL May 17, 1913

20 UNDERTAKER Frank Gehr's Sons ADDRESS Washington, D.C.

# REVISED UNITED STATES STANDARD

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JUN 5 1913

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH	
County	Montgomery
	6743
Village or City	Sandy Spring
(No.)	
2 FULL NAME	
Armen Johnson	
3 PERSONAL AND STATISTICAL PARTICULARS	
4 SEX	5 COLOR OR RACE
Male	Black
6 SINGLE, MARRIED, WIDOWED, OR DIVORCED	7 WIDOW
(Write the word)	
8 DATE OF BIRTH	
Unknown	
(Month)	(Day)
(Year)	
9 AGE	
about 50	Yrs. mos. ds.
10 If LESS than 1 day, hrs. OR min. ?	
11 OCCUPATION	
(a) Trade, profession, or particular kind of work	
Tinman	
(b) General nature of industry, business, or establishment in which employed (or employer)	
12 BIRTHPLACE (State or country)	
Maryland	
13 PARENTS	
14 BIRTHPLACE (State or country)	10 NAME OF FATHER
Unknown	Unknown
11 BIRTHPLACE (State or country)	12 MAIDEN NAME OF MOTHER
✓	Unknown
13 BIRTHPLACE (State or country)	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
✓	(Informant) Armen Johnson Jr.
(Address) Sandy Spring, Md	
15	Filed 5-19-1913 Chas Farquhar Local REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 217

St. Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 18, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
1-20, 1913, to 5-18, 1913.

that I last saw him alive on 5-13, 1913.

and that death occurred on the date stated above, at 11 a. m.

The CAUSE OF DEATH\* was as follows:

On initial illness with con-  
tra hypertension, nephritis

(Duration) 2 yrs. mos. ds.

Contributory Secondary Acute Glomerulitis

(Duration) yrs. mos. ds.

(Signed) J. W. B. M. D.

5-19, 1913 (Address) Sandy Spring, Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Sandy Spring, 5-19-1913

20 UNDERTAKER John A. C. ADDRESS Ashton, Md.

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Cancer-*

oma, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Thmor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Tuanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

6744

County *Harford*STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *217*St.: *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City *Oakdale* (No. *1*)

## 2 FULL NAME

*James Walter 88*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Brown

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

9 29, 1880  
(Month) (Day) (Year)

7 AGE

32 yrs. 8 mos. 1 ds.

If LESS than  
1 day, hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)

Salon

✓

## 9 BIRTHPLACE

(State or country)

Maryland

## PARENTS

10 NAME OF FATHER

Serge See

11 BIRTHPLACE OF FATHER

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Eliza Jersey

13 BIRTHPLACE OF MOTHER

(State or country)

Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Lloyd See*(Address) *Oakdale Md*

15

Filed *6-2-1913* Chas. Farnham  
Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

5 31, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

5-31, 1913, to 3-31, 1913,

that I last saw him alive on , 1913,

and that death occurred on the date stated above, at , 1913,

The CAUSE OF DEATH\* was as follows:

His head when I made him was in good health, but suffered with headache for 2 days and was supposed to have had a stroke.

(Duration) yrs. mos. ds.

Contributory Pulmonary Hemorrhage  
Secondary

(Duration) yrs. mos. 1 ds.

(Signed) *J. M. Reid*, M. D.

6-1, 1913. (Address) Sandy Spring Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Mount Pleasant

DATE OF BURIAL

6-8, 1913

20 UNDERTAKER

R. R. Pumpelly

ADDRESS

Roxbury Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worker on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcin-*

oma, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Thrush," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		7019
5 County	Montgomery	
Village or City	Eduor (No.)	
2 FULL NAME		
Montilda Leigear		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married
6 DATE OF BIRTH		
Unknown, 1		
(Month) (Day) (Year)		
7 AGE	About 70 yrs. mos. ds.	
If LESS than 1 day, hrs. OR min. ?		
8 OCCUPATION		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)		
Md.		
10 NAME OF FATHER		
James		
11 BIRTHPLACE OF FATHER (State or country)		
Md.		
12 MAIDEN NAME OF MOTHER		
Unknown		
13 BIRTHPLACE OF MOTHER (State or country)		
Unknown		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) Mrs. Mease		
(Address) Rockville Md.		
15		

Filed 191

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 214

St. Ward.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 23 — 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 15th 1913, to May 21st 1913,

that I last saw her alive on May 21st 1913,

and that death occurred on the date stated above, at 6 A. m.

The CAUSE OF DEATH\* was as follows:

Bright's Disease

(Duration) yrs. 1 mos. ds.

Contributory Cause: Bright's Disease, Secondary

(Duration) yrs. 1 mos. ds.

(Signed) Dr. F. Arguello, M. D.  
May 23, 1913 (Address) Olney, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Sandy Spring Rd. DATE OF BURIAL May 29, 1913

20 UNDERTAKER Geo. R. French ADDRESS Laurel, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcin-*

oma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sensus, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 22 1914

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery  
Village or City Rockville (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Belongs in 218  
Registration Dist. No.

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Francis Elizabeth McPherson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

## 6 DATE OF BIRTH

..... (Month) ..... (Day) , 1905 (Year)

## 7 AGE

8 yrs. .... mos. .... ds. If LESS than 1 day.....hrs. OR.....min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

## 9 BIRTHPLACE

(State or country)

## 10 NAME OF FATHER

George McPherson

## 11 BIRTHPLACE OF FATHER

(State or country)

Maryland

## 12 MAIDEN NAME OF MOTHER

Rose Scott

## 13 BIRTHPLACE OF MOTHER

(State or country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George McPherson

(Address)

Rockville - Md

## 15

Filed ..... 191

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

May 12th, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1913, to May 12, 1913,

that I last saw her alive on May 11, 1913,

and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:

Tuberculosis of lungs

(Duration) yrs. 2 mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) A. J. Henderson, M. D.

May 12, 1913 (Address) Rockville - Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. in the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted,  
If not at place of death?

Former or  
usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Sandy Springs, 191

DATE OF BURIAL

## 20 UNDERTAKER

A. G. Carlisle ADDRESS Gaithersburg

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Affection," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County..... Montgomery

6745

Village or City..... Damascus (No.)

2 FULL NAME Infant Miles

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Single
6 DATE OF BIRTH		May 4th 1913 (Month) (Day) (Year)
7 AGE		— yrs. — mos. 10 ds. If LESS than 1 day, .... hrs. OR min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work  
—  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) —

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF  
FATHER Roby F. Miles

11 BIRTHPLACE  
OF FATHER  
(State or country) Maryland

12 MAIDEN NAME  
OF MOTHER Lilly Burdette

13 BIRTHPLACE  
OF MOTHER  
(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Roby F. Miles.

(Informant)

Damascus, Md.

(Address)

15 Filed..... 191.....

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 221

St. .... Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
May 13 1913 to May 13 1913  
1m May 12 1913

that I last saw h. alive on , 1913

and that death occurred on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH\* was as follows:

Convulsions, probably due to  
acute indigestion.

— a few min.  
(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) Roby F. Miles, M. D.

May 14, 1913. (Address) Damascus, Md.

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIEN-  
TAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Montgomery Cemetery

DATE OF BURIAL

May 15, 1913.

20 UNDERTAKER

ADDRESS

Wm. T. Lewis

Kempton, Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc. of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary). *10 ds.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver round of hand*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 4 1913
BURLAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery  
Village or City near Rockville (No. 129)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 213St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John H. Peters

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SPOUSE Widower  
 MARRIED  
WIDOWED,  
DIVORCED  
(Write the word)

6 DATE OF BIRTH December 9, 1834  
(Month) (Day) (Year)

7 AGE 79 yrs 5 mos 9 ds. If LESS than  
1 day, hrs. OR min. ?

8 OCCUPATION  
 (a) Trade, profession, or  
particular kind of work. Farmer  
 (b) General nature of industry,  
business, or establishment in  
which employed (or employer)

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF  
FATHER Unknown

11 BIRTHPLACE  
OF FATHER  
(State or country) Unknown

12 MAIDEN NAME  
OF MOTHER Unknown

13 BIRTHPLACE  
OF MOTHER  
(State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) D. L. Peters  
(Address) Rockville, Md F.D. #4

15 Filed 191

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 191\_\_\_\_, to May 13, 1913,  
that I last saw him alive on May 13, 1913,  
and that death occurred on the date stated above, at 11 P.m.  
The CAUSE OF DEATH\* was as follows:

Chronic Uraemia  
(Duration) yrs 9 mos 0 ds.

Contributory  
Secondary

(Duration) yrs mos ds.  
(Signed) George Edward Pickrell, M.D.  
, 191\_\_\_\_ (Address) Rockville, Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. mos. ds. In the  
of death \_\_\_\_\_ yrs. mos. ds. State \_\_\_\_\_ yrs. mos. ds.

Where was disease contracted,  
If not at place of death? \_\_\_\_\_

Former or  
usual residence. \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Rockville, Md DATE OF BURIAL May 16, 1913

20 UNDERTAKER W. R. Pumphrey & Son ADDRESS Rockville

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

RECEIVED  
JAN 22 1914  
BUREAU, V.S.

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

oma, Sarcoma, etc., of..... (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), 29 d.;  
*Bronchopneumonia* (secondary), 10 d. Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Traenia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage as "Puerperal sepsis-  
mia," "Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDE, or HOMICIDE, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dental*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED

MAR 17 1914

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6746
County.....		Montgomery
Village or City.....		Colesville (No. 10)
2 FULL NAME..... Michael Peter		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Married
6 DATE OF BIRTH		
May 20, 1894 (Month) (Day) (Year)		
7 AGE	69 yrs. 0 mos. 7 ds.	If LESS than 1 day, hrs. OR min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
(a) Farmer (b)		
9 BIRTHPLACE (State or country)		
Germany		
10 NAME OF FATHER		
Nicholas Peter		
11 BIRTHPLACE OF FATHER (State or country)		
Germany		
12 MAIDEN NAME OF MOTHER		
Mary Kieseler		
13 BIRTHPLACE OF MOTHER (State or country)		
Germany		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		
Mary Peter (Address)		
15 Filed May 28, 1913		
16 St. Johns		
17 H. T. Brown		
18 REGISTRAR		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 214

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

deceased, 1913, to May 27, 1913.

that I last saw him alive on May 27, 1913.

and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Hepatitis

(Duration) yrs. mos. ds.

Contributory Secondary Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) H. T. Brown, M. D.

, 191 (Address) Silver Spring

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Johns May 29, 1913

DATE OF BURIAL

H. T. Brown May 29, 1913

20 UNDERTAKER

H. T. Brown Rockville

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age.

For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mauser," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houswife*, *Houswork*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report were symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6747	N.B.
County <u>Montgomery</u>		(No. <u>118</u> )	
Village or City <u>Bethesda</u>		Ind.	
FAMILY NAME <u>Lawson Poole</u>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SONGLE, MARRIED, WIDOWED, DIVORCED (Write the word)	6 MARRIED
7 DATE OF BIRTH <u>Unknown</u>		8 AGE <u>72</u> yrs. <u>0</u> mos. <u>0</u> ds.	
		IT LESS than 1 day, <u>0</u> hrs. OR <u>0</u> min.?	
9 OCCUPATION <u>Watchman</u>			
(a) Trade, profession, or particular kind of work <u>Government watchman</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Government watchman</u>			
10 BIRTHPLACE (State or country) <u>Pa</u>			
11 NAME OF FATHER <u>Marshall Poole</u>		12 BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>	
13 MAIDEN NAME OF MOTHER <u>Darcena Lawson</u>		14 BIRTHPLACE OF MOTHER (State or country) <u>Pa</u>	
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Lawson Poole</u> (Address) <u>Bethesda Ind.</u>			
Filed <u>5/26</u>	19 <u>13</u>	John L. Lewis, M.D.	REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 216

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

St: Ward)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Apr. 19<sup>th</sup>, 1913, to May 24<sup>th</sup>, 1913,  
that I last saw him alive on May 24, 1913

and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH\* was as follows:

Pneumonia

(Duration) 3 or 4 yrs. 0 mos. 0 ds.

Contributory  
(Secondary)

(Duration) 1 yrs. 0 mos. 0 ds.

(Signed) John L. Lewis, M.D.  
5/26, 1913 (Address) Bethesda Ind.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. 0 mos. 0 ds. In the  
state of death yrs. 0 mos. 0 ds.

Where was disease contracted,  
if not at place of death?

Former or  
present residence

19 PLACE OF BURIAL OR REMOVAL Bethesda church lot 1 DATE OF BURIAL  
5/27, 1913

20 UNDERTAKER George C. Wine ADDRESS Washington, D.C.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health

Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

oma, *Sarcoma*, etc., of (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIO-  
LENCE DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JUN 3 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH		6748
County <i>Montgomery</i>		<i>6748</i>
Village or City <i>Buck Lodge</i>		(No. <i>104</i> )
2 FULL NAME <i>Sacharia V. Poole</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (Write the word)
6 DATE OF BIRTH <i>Sept. 15<sup>th</sup></i>		(Month) (Day) (Year) <i>1849</i>
7 AGE <i>63 yrs. 8 mos. 2 ds.</i>		IF LESS than 1 day, .... hrs. OR min. ?
8 OCCUPATION <i>At home (Housewife)</i>		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Maryland</i>		
10 NAME OF FATHER <i>Jonathan Stewart</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Maryland</i>		
12 MAIDEN NAME OF MOTHER <i>Rhoda Owens</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Maryland</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Lewis Poole Dow</i> (Address) <i>Buck Lodge Ma</i>		
15 Filed ..... 1911		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. ....

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH <i>May 12</i>	5	11, 1913 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased <i>Isam</i> <i>May 12</i> , 1913, to <i>May 17<sup>th</sup></i> , 1913, that I last saw <i>her</i> alive on <i>May 16<sup>th</sup></i> , 1913, and that death occurred on the date stated above, at <i>1 a.m.</i>		
The CAUSE OF DEATH* was as follows: <i>Cerebral Hemorrhage</i>		
(Duration) yrs. mos. 4 ds.		
Contributory (Secondary) <i>Convalescence</i>		
(Duration) yrs. mos. ds.		
(Signed) <i>U. D. House</i> , M. D. May 18, 1913 (Address) <i>Baltimore Md.</i>		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
At place of death yrs. mos. ds. In the State yrs. mos. ds.		
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL <i>Baltimore Md.</i>		DATE OF BURIAL <i>May 19, 1913</i>
20 UNDERTAKER <i>Mr. J. Gilmore &amp; Sons</i>		ADDRESS <i>Baltimore</i>

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchomycetoma* (secondary), *10 d.* Never report mere symptoms or terminal complications, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Tumoral scrophuloma*," "*Tumoral peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state **MEANS OF INJURY** and **QUALITY** as ACCIDENTAL, SURGICAL, or HOMICIDAL, or as **PROBABLY** such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of hand—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUL 11 1913

BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH		6749
County		<i>Montgomery</i>
Village or City		<i>Sandy Spring</i> (No. ....)
(Illegitimate)		<i>Sue Brown</i>
2 FULL NAME		
3 PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<i>Male</i>	<i>Colored</i>	<i>Single</i>
6 DATE OF BIRTH		
<i>May 31st</i> (Month) (Day) 1913 (Year)		
7 AGE		
<i>About 8</i> yrs.	<i>in utero</i> mos.	1 LESS than 1 day, hrs. OR min. ?
8 OCCUPATION		
(a) Trade, profession, or particular kind of work.		
<i>None</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)		
<i>Montgomery Co. Md</i>		
10 NAME OF FATHER		
<i>Jim Hackett</i>		
11 BIRTHPLACE OF FATHER (State or country)		
<i>Montgomery Co. Md.</i>		
12 MAIDEN NAME OF MOTHER		
<i>Emma Powell</i>		
13 BIRTHPLACE OF MOTHER (State or country)		
<i>Montgomery Co. Md</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <i>Martha Ellen Thomas</i>		
(Address) <i>Sandy Spring Md.</i>		
15		
Filled <i>5-31-1913</i>		6 Chas. Farquhar Local
REGISTRAR		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 217

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *About 8 mos. in utero* (Month) (Day) (Year) 1913

17 I HEREBY CERTIFY, That I attended deceased from

191..., to 191..., 191...,

that I last saw h. alive on 191..., 191...,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

*Likely Peritonitis from Specific disease*

*Sue Brown* *Unknown*

4 (Duration) yrs. mos. ds.

Contributory  
Secondary

5 (Duration) yrs. mos. ds.

(Signed) *Chas. Farquhar, Jr. M. D.*  
5-31-1913 (Address) *Oley, Md.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Sandy Spring Md.* DATE OF BURIAL 5-31-1913

20 UNDERTAKER *Martha Ellen Thomas* ADDRESS *Montgomery Sandy Spring Md.*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

*oma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Contingent," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

KFCF1VFD

JUN 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		6750	STATE OF MARYLAND CERTIFICATE OF DEATH	
County		Registration Dist. No. 212		143
Village or City		St. Ward		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <i>Clara Paeselby</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH	
Female	White	Single	16 DATE OF DEATH	May 26, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH		July 30, 1866 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from	May 14, 1913, to May 26, 1913.
7 AGE		It LESS than 1 day, hrs. OR min. ?	that I last saw her alive on May 25, 1913.	
8 yrs. 11 mos. 26 ds.			and that death occurred on the date stated above, at 9 a.m.	
9 OCCUPATION (a) Trade, profession, or particular kind of work <i>House keeper</i>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
10 BIRTHPLACE (State or country) <i>Maryland</i>				
11 NAME OF FATHER <i>David J. Paeselby</i>				
12 BIRTHPLACE OF FATHER (State or country) <i>Maryland</i>				
13 MAIDEN NAME OF MOTHER <i>Mary C. Young</i>				
14 BIRTHPLACE OF MOTHER (State or country) <i>Maryland</i>				
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>E. B. Paeselby</i> (Address) <i>Dickesson, Md.</i>				
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence				
17 PLACE OF BURIAL OR REMOVAL <i>Reallerville</i>				
18 UNDERTAKER <i>Hilbert Hall</i>				
19 DATE OF BURIAL <i>May 26, 1913</i>				
20 ADDRESS <i>Reallerville, Md.</i>				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraëmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *spina*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JUN 4 1918

BUREAU, V. S.

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1<sup>ST</sup> PLACE OF DEATH

6751

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 210

County MontgomeryVillage or City Montgomery (No.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2<sup>ND</sup> FULL NAMEAlexander Swales

## PERSONAL AND STATISTICAL PARTICULARS

3<sup>RD</sup> SEXMale4<sup>TH</sup> COLOR OR RACEcolored5<sup>TH</sup> SINGLE,  
MARRIED,  
WOOED,  
OR DIVORCED  
(Write the word)married6<sup>TH</sup> DATE OF BIRTHFebruary 3, 1840  
(Month) (Day) (Year)7<sup>TH</sup> AGE73 yrs. 3 mos. 25 ds.If LESS than  
1 day, \_\_\_\_ yrs.  
OR \_\_\_\_ min. ?8<sup>TH</sup> OCCUPATION(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)Labourer9<sup>TH</sup> BIRTHPLACE  
(State or country)Goshen Md

## PARENTS

10<sup>TH</sup> NAME OF  
FATHERJames Bowie11<sup>TH</sup> BIRTHPLACE  
OF FATHER  
(State or country)Goshen Md12<sup>TH</sup> MAIDEN NAME  
OF MOTHERRuth Swales13<sup>TH</sup> BIRTHPLACE  
OF MOTHER  
(State or country)Claytonsville14<sup>TH</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

William Swales

(Address)

Montgomery15<sup>TH</sup>Filed May 29, 1913 Vermon H. Dyson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16<sup>TH</sup> DATE OF DEATHMay 28th, 1913  
(Month) (Day) (Year)17<sup>TH</sup> I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1912, to May 28th, 1913,that I last saw him alive on May 28th, 1913and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH\* was as follows:

Tuberculosis Pectoralis  
(Plastic)(Duration) 2 yrs. 0 mos. 0 ds.Contributory  
(Secondary)Intestinal obstruction(Duration) 0 yrs. 0 mos. 0 ds.(Signed) C. H. Williss, M. D.(Address) May 28, 1913 Claytonsville

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18<sup>TH</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)At place \_\_\_\_\_ to the State \_\_\_\_\_  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Where was disease contracted,  
If not at place of death?Former or  
usual residence19<sup>TH</sup> PLACE OF BURIAL OR REMOVALMount Zion Cem May 30, 191320<sup>TH</sup> UNDERTAKERJ. H. Purvis Taylorsville

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

**RECEIVED**  
JUN 4 1913  
BUREAU, V. S.

oma. *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Cholangitis*; *Heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchomucomonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tremula," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *ictanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH		6752	STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Montgomery		Registration Dist. No. 218	
Village or City	Gaithersburg (No.)		St.	Ward
2 FULL NAME Nathan James Walker				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		
Male	White	widower		
6 DATE OF BIRTH				
Oct		29	, 1824	
(Month)		(Day)	(Year)	
7 AGE				
88 yrs. 6 mos. 3 ds.		If LESS than 1 day, hrs. OR min. ?		
8 OCCUPATION				
(a) Trade, profession, or particular kind of work. Farmer				
(b) General nature of industry, business, or establishment in which employed (or employer) Farming				
9 BIRTHPLACE (State or country)				
Maryland				
10 NAME OF FATHER				
George Walker				
11 BIRTHPLACE OF FATHER (State or country)				
Maryland				
12 MAIDEN NAME OF MOTHER				
Margaret Boy				
13 BIRTHPLACE OF MOTHER (State or country)				
Maryland				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) James Walker				
(Address) Gaithersburg Md.				
15	Filed May 11, 1913 C. H. Etchells M. D.		REGISTRAR	
16 PLACE OF BURIAL OR REMOVAL				
Forest Oak Cemetery		DATE OF BURIAL		
May 12, 1913				
20 UNDERTAKER				
Alex & Carlisle Gaithersburg				
If more blanks are needed, address State Registrar, 8 E. Franklin St., Balt., Requesting V. S. No. 1.				

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

18 DATE OF DEATH May 1, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1913, to May 3, 1913, that I last saw him alive on May 3, 1913, and that death occurred on the date stated above, at 12 M. The CAUSE OF DEATH\* was as follows:

Catarrh of Stomach & Gastritis

(Duration) 2 yrs. mos. ds.

Contributory (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) T. G. Etchells, M. D.  
May 12, 1913 (Address) Gaithersburg Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 10 yrs. mos. ds. State 12 yrs. 6 mos. 3 ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence Same

19 PLACE OF BURIAL OR REMOVAL

Forest Oak Cemetery May 12, 1913

20 UNDERTAKER

Alex & Carlisle Gaithersburg

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: "Accidental drowning"; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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JULY 9 1913

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U. S. GOVERNMENT

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1 PLACE OF DEATH		7020	109
County		No Maryland	
Village or City		Rosedale (No. 109)	
2 FULL NAME Margaret L. Lovfield			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
Female	White	Married	
6 DATE OF BIRTH			
		(Month)	(Day)
		, 1862	
7 AGE			
51 yrs.		mos.	ds.
If LESS than 1 day, hrs. OR min. ?			
8 OCCUPATION			
(a) Trade, profession, or particular kind of work. Housewife			
(b) General nature of industry, business, or establishment in which employed (or employer)			
9 BIRTHPLACE (State or country)			
Md.			
10 NAME OF FATHER			
Frances J. D. Webb			
11 BIRTHPLACE OF FATHER (State or country)			
Md.			
12 MAIDEN NAME OF MOTHER			
Mary E.			
13 BIRTHPLACE OF MOTHER (State or country)			
Md.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) Griffith Lovfield			
(Address) Rosedale Md.			
15			
Filed 191			

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 213

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12<sup>th</sup>, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from May 11<sup>th</sup>, 1913, to May 12<sup>th</sup>, 1913.

that I last saw her alive on May 12<sup>th</sup>, 1913.

and that death occurred on the date stated above, at 7:30 A.M.  
The CAUSE OF DEATH\* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. / ds.

Contributory  
(Secondary)

(Duration) yrs. mos. / ds.

(Signed) O. M. Smith, M.D.  
May 14<sup>th</sup>, 1913 (Address) Rosedale Md.

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Rosedale Md. DATE OF BURIAL May 15<sup>th</sup>, 1913

20 UNDERTAKER W. R. Pamper ADDRESS Rosedale Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsupium," "Old Age," "Shock," "Traenitis," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Tumeral septicæmia*," "*Tumeral peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasms, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsupium," "Old Age," "Shock," "Traenitis," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Tumeral septicæmia*," "*Tumeral peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasms, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**RECEIVED**

JAN 22 1914

B. L. LEAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery

6753

Village or City Browningsville (No.)

2 FULL NAME *Daisy Welch*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	Colored	Single
6 DATE OF BIRTH	May 24, 1913	
	(Month) (Day) (Year)	
7 AGE	11 21	If LESS than 1 day, hrs. yrs. mos. ds. OR min. ?
	—	—

8 OCCUPATION  
 (a) Trade, profession, or  
particular kind of work  
—  
 (b) General nature of industry,  
business, or establishment in  
which employed (or employer) *↓*

9 BIRTHPLACE  
(State or country) *Maryland*

10 NAME OF  
FATHER *James Welch*

11 BIRTHPLACE  
OF FATHER  
(State or country) *Maryland*

12 MAIDEN NAME  
OF MOTHER *Frorida Bowie*

13 BIRTHPLACE  
OF MOTHER  
(State or country) *Maryland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
*James Welch*

(Informant) *Browningsville, Md.*

(Address) *Browningsville, Md.*

15 *Filed. 1913*

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No 221

St. Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *May 14, 1913.*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
*May 13, 1913* to *May 14, 1913*,  
that I last saw her alive on *May 14, 1913*

and that death occurred on the date stated above, at *12* m.

The CAUSE OF DEATH\* was as follows:

*Spastic Paraplegia with convulsions.*

(Duration) yrs. mos. ds. *7*

Contributory *Teething.*  
(Secondary)

(Duration) yrs. mos. ds. *14*

(Signed) *Geo. M. Boyer*, M. D.

May 14, 1913 (Address) *Damascus, Md.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place  
of death yrs. mos. ds. In the  
State yrs. mos. ds.

Where was disease contracted,  
If not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL *Mt. Pleasant, Md.* DATE OF BURIAL *May 16, 1913*

20 UNDERTAKER *Wm. T. Lewis* ADDRESS *Kempton, Md.*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. *Never* return *"Laborer,"* *"Foreman,"* *"Manager,"* *"Dealer,"* etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Gastric*.

oma, *Sarcoma*, etc. of ..... (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chro-  
matic heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictamus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 4 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH		6754
County.....		<i>Montgomery</i>
Village or City.....		<i>Takoma Park</i>
No. ....		15
2 FULL NAME <i>Marion S. &amp; Sarah F. Woodall</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>—</i>
6 DATE OF BIRTH <i>May 7, 1913</i>		(Month) (Day) (Year)
7 AGE <i>5 minutes</i>	If LESS than yrs. mos. ds. OR min. ? <i>5 minutes</i> day. hrs.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>—</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>—</i>		
9 BIRTHPLACE (State or country) <i>Takoma Park, Md</i>		
10 NAME OF FATHER <i>Marion S. Woodall</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>N.C.</i>		
12 MAIDEN NAME OF MOTHER <i>Sarah F. Bishop</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>—</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>H. L. Woodall</i> (Address) <i>112 Willow Ave Takoma Park Md</i>		
15	Filed <i>May 8, 1913</i>	<i>H. E. Rogers</i> REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. *223*

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 7, 1913.*  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from *May 7, 1913*, to *May 7, 1913*, that I last saw *him* alive on *May 7, 1913*, and that death occurred on the date stated above, at *6 a.m.* The CAUSE OF DEATH\* was as follows:

*Obstetric birth* (Duration) yrs. mos. ds.  
Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) *Alfred T. Parsons*, M. D.  
*May 8, 1913* (Address) *Takoma Park, Md*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
It not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL.

*Montgomery Co* DATE OF BURIAL *May 8, 1913.*

20 UNDERTAKER

*H. L. Woodall* ADDRESS

REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.

Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*.

*Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning or illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first; the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma. Sarcoma, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 *ds.* Bronchopneumonia (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Miasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEARCHED  
JUN 7 1913  
BUREAU, W. S.

JUN 4 1913

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH		6755	STATE OF MARYLAND CERTIFICATE OF DEATH	
County		Montgomery		
Village or City		Forest Glen (No. 222)		
FAMILY		Eleanor Herdman Wright		
FULL NAME				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	widowed	
female white				
6 DATE OF BIRTH		4	18	, 1838
		(Month)	(Day)	(Year)
7 AGE	82 yrs. 11 mos. 5 ds.	If LESS than 1 day, hrs. OR min. ?		
9 OCCUPATION (a) Trade, profession, or particular kind of work None				
(b) General nature of industry, business, or establishment in which employed (or employer)				
10 BIRTHPLACE (State or country)				
Belfast, Ireland				
11 NAME OF FATHER				
John Herdman				
12 BIRTHPLACE OF FATHER (State or country)				
Belfast Ireland				
13 MAIDEN NAME OF MOTHER				
Mary Keenan				
14 BIRTHPLACE OF MOTHER (State or country)				
Belfast Ireland				
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Eleanor Wright (Address) Forest Glen, Md.				
Filed May 23, 1913 J. H. Howlett Deputy REGISTRAR				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				
16 DATE OF DEATH May 23, 1913 (Month) (Day) (Year)				
17 I HEREBY CERTIFY, That I attended deceased from March 28, 1913 to May 23, 1913. that I last saw her alive on May 22, 1913. and that death occurred on the date stated above, at 3 a.m. The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage				
(Duration) yrs. 2 mos. 0 ds. Pneumonia (Terminal, Secondary)				
(Duration) yrs. 4 mos. 0 ds. (Signed) Eleanor Wright, M. D. (Address) Forest Glen.				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.				
19 PLACE OF BURIAL OR REMOVAL				
Washington D. C. May 24, 1913				
20 UNDERTAKER				
John Wright ADDRESS Washington D. C.				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houscwife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septic, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JUN 5 1913

BUREAU, V. S.